

WASHINGTON STATE SEC. 1115 FAMILY PLANNING DEMONSTRATION

FACT SHEET

Name of Demonstration: "Take Charge"

Date Proposal Submitted: January 25, 1999

Date Proposal Approved: March 6, 2001

Date of Implementation: July 1, 2001

Expiration Date: June 30, 2006

PROGRAM SUMMARY

This demonstration is a stand-alone five-year statewide effort with Federal financial assistance to reduce the number of unintended pregnancies in low income populations and the associated costs of maternity and child care by providing comprehensive family planning educational and medical services, intensified in certain areas of the state.

It is expected that 70,000 recipients will be served when the program is fully operational. A projected \$360,000 in Federal funds would be saved over the 5-year period.

OBJECTIVES OF THE DEMONSTRATION

The goal of this project is to reduce the number of births among low-income women which are a result of an unintended pregnancy by offering family planning services to an expanded population (including men), thereby avoiding increased Medicaid- and state-paid maternity care costs.

Objectives include: 7.5% of eligible women who would have had an unintended pregnancy to remain pregnancy free; increase the use of more effective contraceptive methods through one-on-one support systems; increase the number of eligible women, teens, and men receiving services from family planning clinics; and raise awareness of providers on the importance of unintended pregnancy prevention by initiating discussion and education with their patients.

ELIGIBILITY

Eligibility is extended to an expanded population of low income women and men of child-bearing age who are not otherwise currently Medicaid-eligible, and whose family incomes are at or below 200% of the Federal Poverty Level (FPL); teenagers' eligibility is based on their own incomes at or below 200% FPL.

FAMILY PLANNING SERVICES

These services are defined as all FDA-approved contraceptives, sterilization services, and associated medical services; sexually transmitted infections screening and treatment in conjunction with a family planning service; HIV testing and counseling; history and physical examinations and necessary laboratory tests; patient education and counseling including abstinence; referral and follow-up services; and pregnancy test visits.

Abortions are not covered. The primary service for men is vasectomies.

A highlight of this demonstration is focused intervention in certain geographic areas with selected providers for more intensive education, counseling, follow-up and ongoing support regarding the continued and correct use of the appropriate birth control method. Beneficiaries who receive such intervention will be compared to a like population not receiving these services for evaluation purposes.

PRIMARY CARE REFERRAL SYSTEM

No primary care component was required at the time this demonstration was reviewed and approved.

PROGRESS REPORT

By the end of the third quarter of the second year (DY2), March 31, 2003, the program has served 151,356 unduplicated eligible beneficiaries. Seventy provider agencies were offering services at 172 clinic sites, or 880 eligibles per site. For the third quarter alone, 52,008 eligibles used family planning services, with payments to providers so far (based on date of payment) totaling \$7,589,210, or \$145.92 per client.

PROJECT OFFICER CONTACT

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